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ABSTRACT

This paper describes the development and implementation of the first private nonprofit day care program serving children with disabilities in Malaysia. Preliminary information describes Malaysia's economic, ethnic, and cultural situation. The naturalistic inquiry approach used to prepare this report, involving interviews and observations, is then described. The program originated from the inability of an English wife of a Malaysian official to obtain day care for her adopted young blind child. Her successful efforts to obtain funding are recounted as well as the establishment of governing procedures, hiring of staff, and opening of the center in 1988 with 10 children (now serving 38 children with nine staff). Observation at the day care center suggested that staff were failing to encourage the children in purposeful communication, self-help, play, or physical activity, with staff time primarily occupied in meeting basic feeding, toileting, and bathing needs of the children. Suggestions for improved early intervention services in Malaysia are offered. These include: strategizing ways to secure regular funding; incorporating functional teaching techniques; developing paraprofessional programs; and promoting parental groups as support systems. Also recommended is the development of a coordinated national plan that addresses early identification, appropriate placement, effective teaching, family involvement, and transitional services. (Contains 14 references.) (DB)

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Malaysia's First Day Care Center for Children with Disabilities: Future Needs in Research in Early Intervention

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Abstract

Malaysia's aim to become a developed nation by the year 2020 presents a great opportunity to develop programs in early intervention. This study highlights the present situation in early intervention in Malaysia, through the experiences of a day care center for young children with disabilities. The favorable economic climate coupled with the outcomes of this study point to several areas of need which can further enhance services in early intervention. A systematic study and demonstration of useful methods and effective programs can significantly aid in meeting new needs.

Malaysia's First Day Care Center for Children with Disabilities: Future Needs in Research in Early Intervention

Malaysia, a developing nation of 19 million people, has prospered as a free market economy. The country, situated in the Far East neighboring other manufacturing industry giants such as Thailand, Singapore, and Indonesia, has maintained one of the world's highest economic growth rates for the past six consecutive years (Kanapathy, 1993). At the present time, it is the 36th largest economy in the world, ahead of countries such as Hong Kong, Egypt, Denmark, and Norway (Asiaweek, 1993a).

A multiethnic society, Malaysia has prospered as a result of a combination of factors. These include a stable political climate, huge foreign capital flow, low inflation rate, effective public development programs, vigorous entrepreneurship, and a youthful workforce in a nation that is richly endowed with natural resources (The Kuala Lumpur Stock Exchange, 1990; Asiaweek, 1993b; Kanapathy, 1993). Malaysia aims to become a "fully developed" nation by the year 2020 (Malaysian Business

Council, 1991).

While the Malaysian government's efforts are still largely focused on building an efficient infrastructure base to further aid in the economic growth of the country (Kanapathy, 1993; Malaysian Business Council, 1991), the governmental policy on disabilities places heavy reliance upon non-governmental organizations (NGOs) to develop needed services for the disabled (Sebestian, 1992; New Straits Times, 1993a; New Straits Times, 1993b; Teoh, 1993). This policy "is in line with the Government's objective of creating a caring society" (New Straits Times, 1993b).

The purpose of this study was to investigate the evolution of Malaysia's first private, non-profit day care center for young children with disabilities located in Kuala Lumpur, the capital city. Specifically, the investigation explored the impetus and initiatives taken to establish the program. Recommendations for future research are made following a thematic analysis of the data collected.

Research Strategy

The naturalistic inquiry approach was utilized as the research strategy. This approach was the most appropriate for three major reasons. The primary reason being research information was scarce and sketchy on the practice of early childhood special education in Malaysia (example: Madison, Madison, & Dittman, 1986 ; Lourdusamy & Sok, 1992; Sebestian, 1992; Thuryrajah, 1993). While these citations did not altogether focus on early intervention, they nevertheless signaled a growing interest in the early education of young children with disabilities in Malaysia. Given this situation, naturalistic inquiry can aid in the (inductive) development of theories by etching ground for a formalized and systematic study of early intervention in Malaysian society.

Secondly, this strategy incorporated the utilization of reciprocating relationships. The presumption was that the naturalistic approach (as compared to quantitative approaches) constituted a lesser threat to persons who have never been exposed to activities in research, as in Malaysia. This approach was also less likely to be

flawed as a result of participant inexperience in the value of research.

Thirdly, the qualitative approach was more likely to address a broad range of psychological and cultural-distinct events than deductive methods. In other words, the naturalistic approach was more likely to highlight important personalities, rituals, symbols, and taboos prevalent in a culture. These cultural-distinct events are important considerations that must be incorporated in any structure if the structure, new or modified, is to be of value to the culture in question.

In-depth interviews correlated with documented evidence and on-site observation constituted the method for the collection of data. Two persons with close links with Tasputra and a member of the educational psychology faculty at the University of Malaya were interviewed. Documents examined included newspaper reports, student records, photographs, and Tasputra's brochures which provided anecdotal information about the center's history, operation, and fund-raising activities.

Results

The central figure in Tasputra's creation was a native of England named Muna, who married a local government official and moved to Malaysia in 1963. In 1985, prior to the establishment of the center, Muna adopted an abandoned toddler of 18 months. When the child turned four, Muna began looking for a day care center:

> I called every kindergarten in my area, and everybody would say "Oh yes, yes." But I said I have a slight problem, my son is blind, and they would say "Blind... ? Oh I'm sorry but we don't have any facilities for a blind child." ... not even one opened their hearts... and the more I saw, the more I became depressed... and I thought, God bless us, what happens to all these other parents with handicapped children? They must be depressed as I am!

As a consequence of the unwillingness of day care centers to enroll her son, Muna concluded that a day care center that cared for children with disabilities was

required, with two broad goals: One, "(that parents) don't have the stress of the child with them 24-hours..." and two, that "... their child is being well-looked after...."

A couple of "frustrating" months later, in November of 1987, an idea came to Muna:

> (The late) Tunku Abdul Rahman[1] who was the President of PERKIM,[2] I thought he was the only one who's going to listen to me... he knows me through PERKIM's women's group... and he thought about it first, he said "Muna, if you can do it, I will bring back M$10,000 (US$4,000) I gave to another kindergarten and you're going to take it and you're going to set up a center that you've been dreaming of...."

Despite the small contribution, Muna was encouraged and became ever more determined:

> ... my friend thought I was mad, my husband thought I was mad, everyone thought I was mad... I said "No, I'm not mad, I know what I want and I said we have to do it, we have to....

and set off with a friend to look for a location for the day care center because "... you have to have a house before you can apply for the permit (from the City Council)...."

The permit was late in coming, however, and PERKIM decided to withdraw its support:

> ... I said over my dead body... no way... the money (M$950 a month) was going to the (Chinese) landlord and this is what got their backs up....

Muna resolved the matter using a political tie:

> One morning I phoned the Datuk Bandar[3]... again I knew him because of official functions, and I said I have to be honest with you.... Within the next two days I got a telephone... (the secretary) said the Datuk Bandar said you could start your center because he's issuing you a temporary permit....

Following this development, Muna and a group of friends begun seeking more "donations." Their efforts paid off in several ways:

> I phoned the (present) Prime Minister's wife because she's the President of BAKTI, the Ministers' Wives Association, and she said "Yes, Muna, how could we help you?" and I said I need a donation, Datin Sri,[4] and I told her about the center... about three weeks went by... I had a call from the Director of Welfare Services... (he said) she said to me if you see Muna tell her BAKTI is giving her M$50,000 (US$20,000)... I was so happy... it all sort of started from there....
>
> We went up to the hotels... and said if you're rolling up your carpets or changing bedsheets and pillows and mattresses... (and a hotel manager said) I'll take you down to the storeroom and you can choose your carpet and mattresses....

> ... and I wrote to the Yayasan Kebajikan[5] and said I need a van because the children lived far away and said this center was mostly for children from poor families... before I knew it I already got one (albeit a used one)....

Meanwhile, an administrative body was set-up to govern the affairs of the center, now named Tasputra Perkim. The governing body of Tasputra consisted of Muna, as the chairperson, a secretary, a PERKIM representative, and five representatives from the Ministry of Social Welfare and Kuala Lumpur Welfare Department "because they have to know how these children are being treated...."

The governing body relegated the responsibility of staff hiring to Muna. Five were hired including a staff coordinator and a van driver. The center begun its operation on July 4, 1988, with an initial intake of ten children. All children were selected by the Welfare Department.

The center opened at 7:30 in the morning and closed at 5:30 in the evening daily excluding Sundays. Interview data and student records (including physician reports) indicated the center served children, ages two months to ten years, with disabilities in the moderate to severe and profound range. A majority of the children were diagnosed as being multiply handicapped.

As the center's enrollment increased, Muna solicited another van:

> ... so what I did was I got the newspapers... and I said we need another van because... we can't go all over... they'd (the children) be going around the whole day... so it went into the newspapers.... One day I got this phone call... he said the Permaisuri Agung Raja Azlan Shah[6] would like to give you a van....

Fund-raising events became a continued need to finance Tasputra's operation. Such events (example: fashion galas; talent shows) were often sponsored by local businesses (example: The Bluebell Group; Meiden Electric Engineering, Inc.). Members of the Royal family

were often present as patrons at Tasputra's major fund-raising campaigns.

Tasputra cares for 38 children with nine staff at the present time under the chairmanship of Eli, an Iranian native married to a local businessman, who took over Muna's position in 1991. Muna is temporarily in England where her son is now attending a school for the visually impaired.

On-site observation revealed the staff (apart from the staff coordinator and drivers) also cooked, washed laundry, and were responsible for the cleanliness of the house and the surrounding compound in addition to the primary functions of feeding, bathing, and meeting the toileting needs of children.

During feeding, bathing, dressing, grooming, and toileting times, the majority of children did not engage in nor did the staff encourage the children in any purposeful communication, self-help, or physical activity. When observed every 30 minutes during a 9-hour period, data revealed the majority of children (87%

average) were not engaged in any purposeful interaction, play, or developmental activity in the main room of the center.

Discussion

Early intervention is a new idea in Malaysia. The outcomes of this study have implied that day care services for young children with disabilities in Malaysia are significantly inadequate and focused no further than meeting the basic survival needs of children.

While the national government has recently introduced special education programs for school-age children with mental retardation and sensory impairments (Ministry of Education Malaysia, 1992), it has called on NGOs (business, social, and voluntary organizations) to provide services otherwise in short supply. Tasputra has been an example of a day care center, driven by a mother's frustration at the lack of services for children with disabilities, surviving on funds received from business and voluntary organizations.

Tasputra's experiences have provided clues into possibilities in funding resources and the utilization of political personalities and the media to help promote programs in early intervention. While the potential for growth in the number of early intervention centers is favorable through corporate sponsorships of charity events and donations from charitable organizations and individuals, the quality of services also require concurrent emphasis. The following leads may be pursued to promote the quality of early intervention services in Malaysia:

1. Strategize ways to secure regular funding. Dependable funds will likely lead to an increase in the amount of time, energy, and funds available in direct care and instruction, otherwise spent on the solicitation of financial donations.

2. Incorporate functional teaching techniques. This way the children learn to do for themselves whenever possible, and reliance on adults is reduced. Adults may then "recycle" more time back

into activities that stimulate the development of children.

3. Develop paraprofessional programs in early intervention. Local professionals (example: private practitioners, hospital staff, university faculty) may be utilized as trainers at the pre-service or in-service levels.

4. Develop parental groups as support systems, pressure groups, and agents of change. Parents should educate themselves as well as be involved in educating others.

The suggestions made above, however, are foreshadowed by the larger need of a coordinated plan that addressed identification, appropriate placement, effective teaching, family involvement, and transitional services in Malaysia. In pursuing this, further information and research initiative is required in several areas. They include:

1. Conducting basic research identifying the incidence and prevalence of disabilities. This can logically lead to a prioritized list of essential services (example: prenatal care; nutrition; parental education; therapeutic services).

2. Understanding features of the home and community environments of the different cultural/ethnic groups in Malaysia. This has implication for the development of home and school based programs as well as the availability of resources that may be mobilized to support early intervention programs.

3. Identifying paraprofessional and teacher competencies useful in the education of young children with disabilities in Malaysia. This knowledge will be required prior to the development of paraprofessional and teacher training programs in early intervention.

4. Exploring the feasibility of Community-based Rehabilitation (CBR) centers as espoused by the World Health Organization (1983). This approach

has been demonstrated to be successful in several developing nations where qualified personnel, parental involvement, and teaching materials and equipment were lacking.

5. Empowering local citizens to take charge and leadership. While this study identified two foreign-born wives of Malaysian nationals at the helm of Tasputra, local persons--especially parents--can play a vital role in the development of early intervention programs. Strategies to encourage this can perhaps be developed and voiced by leaders at the Ministerial level.

6. Increasing collaborative efforts between businesses, governmental agencies, and NGOs with the view of increasing funding for early childhood special education programs in Malaysia. These efforts are also required to secure essential and coordinated related services (example: counseling, medical, financial assistance for families, staff training, transportation).

Although by no means exhaustive, the suggestions above are a logical extension of inquiry and therefore may significantly contribute to the advancement of early intervention services in Malaysia.

Conclusion

A number of needs in early intervention services and research have surfaced as a result of the distinct cosmology surrounding Tasputra, as revealed through interview and literature data. The needs, identified in the *Discussion* section, are essential components of a process leading to planned and effective programs in early intervention in Malaysia. At the direct care level, intervention must move into incorporating functional skills and, possibly, pre-academic skills. At the same time, parental and professional energy must be tapped with the end result of creating choices and opportunities for children with special needs. Concurrently, at the national level, a holistic approach is required with the view of increasing essential services, effective management, and timely intervention. This approach could possibly be hastened through demonstrated success stories of individuals with

disabilities, family lives, early intervention programs, and collaborative efforts. Malaysia's aim to become a developed country within twenty years yeilds to an environment which is conducive to research. If research is utilized in careful planning, implementation, and documentation activities, rapid growth is likely in the field of early childhood intervention.

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Endnotes

1. First Prime Minister of Malaysia (1957-1970), who passed away in 1991.

2. An Islamic-based charitable organization.

3. Malay for Mayor.

4. Honorary title given to the Prime Minister's wife.

5. National Welfare Association.

6. Her Majesty the Queen of Malaysia.